

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/514403

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		/				
13		0				
14		0				
15		/				
16		/				
17		/				
18		/				
19		0				
20		/				
21		/				
22		/				
23		/				
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27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		0				
35		0				
36		/				
37	/					
38		0				
39	/					
40		0				
41	/					
42	/					
43	/					
44		/				
45		/				
46	/					
47		0				
48		0				
49		0				
50		0				
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	64	←		←		←
TOTAL CLAIMS	72					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54	/					
55		/				
56		2				
57		/				
58		/				
59		/				
60		/				
61		0				
62		0				
63		/				
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						